ROLE 63 C37 C.F.R. 1.63) DECLARATION AND POWER OF ATTORREY FOR PATENT APPLICATION

IN THE UNITED STATES PATRIT AND TRADITIONAL OFFICE

As a below named inventor, I hereby declare that my residence, post office address and citizenship are as stated below next to my name, and I believe I am the original first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on AN ELECTROSURGICAL INSTRUMENT AND AN ELECTROSURGERY SYSTEM INCLUDING SUCH AN INSTRUMENT the specification of which (check applicable hox(s)): M is attached hereto. _ as U.S. Application Serial No. _ [] was filed on [] was filed as PCT international application No. PCT// on_ and (if applicable to U.S. or PCT application) was amended on _ I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as asended by any amendment referred to above. I acknowledge the duty to disclose information which is material to the examination of this application in accordance with 37 C.F.R. 1.56(a). I hereby claim foreign priority benefits under 35 U.S.C. 119/365 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed or, if no priority is claimed, before the filing date of this application: Prior Foreign Application(s): February 8, 2000 First Filed U.K.Country Application Master 0002849.8 I hereby claim the benefit under 35 U.S.C. 120/365 of all prior United States and PCT international applications listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in such prior applications in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose material information as defined in 37 C.F.R. 1.56(a) which occurred between the filing date of the prior applications and the national or PCT international filing date of this application: Status: patented, Prior U.S./PCT Application(s): pending, abandoned Day/Month/Year Filed Application Serial No. February 8, 2000 60/181,084 I bereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. And I hereby appoint MIXOM & VANDERHYE P.C., 2000 Horth 15th Street, Suite 409, Arlington, Virginia 22201, telephone number (703) 875-0400 (to whom all communications are to be directed), and the following attorneys thereof (of the same address) individually and collectively my attorneys to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith and with the resulting patent: Arthur R. Crawford, 25327; Larry S. Nixon, 25640; Robert A. Vanderhye, 27076; Stanley C. Spooner, 27393; James T. Hosmer, 30184; Robert M. Faris, 31352, Richard G. Besha, 22770; Mark E. Musbaum, 32348; Michael J. Keenam, 32106; Bryan H. Davidson, 30251; Leonard C. Mitchard, 29009. 1) Inventor's Signature GOBLE C.O. Inventor's Name (typed) _Colin Family Name Middle Initial First Wales (State/Foreign Country) Penarth Residence (City) Post Office Address 5 Osbourne House, Clive Crescent, Penarth, South Glamorgan, AF64 1AT, United Kingdom 2) Inventor's Signature GOBLE Nigel Inventor's Name (typed) Family Name Middle Initial First _(State/Foreign Country) _ Wales Castleton Residence (City)_ Castleton, CF3 8SB, United Kingdom Zip Code Post Office Address 6 Tv Newdyy Drive. 3) Inventor's Signature Inventor's Name (typed) Citizenship Family Name Middle Initial (State/Foreign Country) Residence (City) Post Office Address FOR ADDITIONAL INVENTORS, check box [] and attach sheet with same information and signature and date for each.